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**Applying for a grant from Pharmacist Support**

**Notes on completing the application form**

Please provide as much relevant information as possible as we want to be sure that we are able to assess your needs thoroughly and efficiently. **Please note all information given is kept private and confidential .**

**Questions 1 - 3** Please complete all the required information about you and, *if appropriate,* your partner’s and any children under 18 living with you.

**Question 4** Please provide details of any adults, other than a partner, living in your household and information about their monthly contributions.

**Question 6** Please provide details of any savings and capital you have. Your own home is excluded as capital. Any savings you have will be taken into consideration and will be assessed according to your circumstances and needs at the time of the application.

**Question 7** Please provide details of all monthly income and expenditure for you and your partner. When completing your expenditure details, ensure that you have included all of your outgoings and that the figures are a true reflection of your essential expenses. If you have evidence that the levels are going to change please let us know as we may be able to take this into consideration.

**Question 8** Please provide information here of any debts you have. Please give the amount of money owed and list any repayments you have agreed to make to the creditor.

**Question 10** By providing your bank details we can ensure that you receive any payment quickly and securely. Payments are usually made by bank transfer.

**Question 11** Please let us know why you need a grant. The more information you can provide on your situation the more helpful it is for us when assessing your application. We appreciate the information is personal and may be sensitive so please be assured that all applications are treated confidentially.

**Question 12** If you are satisfied that you have provided a true and accurate account of your circumstances to the best of your knowledge, please sign and date the form and return it to our office address. Please also indicate whether you consent to Pharmacist Support approaching other organisations/sharing your details in confidence to seek help, for example, specialist advice in benefits entitlement or make enquiries on your behalf, for example, to identify other funding sources.

**Documentary evidence of income and expenditure.**

We will need relevant documentary evidence of your income and expenditure. This **must** include a minimum of the last 3 month’s statements for any bank accounts held by you and/or your partner. A minimum of 6 months’ statements are required from our annual grant recipients as part of the regular grant renewal process

Other relevant information required, for example:-

* benefits and/or tax credits entitlement
* a recent mortgage/rent statement
* copies of letters from creditors regarding arrears, where you have outstanding debts
* any other relevant documentation, for example, copies of bills
* students are required to provide their enrolment certificate as proof of MPharm status and Student Finance confirmation and payment schedule if applicable
* We will also need to see a supporting letter from your student support services confirming that you have sought financial assistance from your university before applying to the charity.

You will be contacted within 5 working days to confirm receipt of the application form and we ensure where possible that a decision on an application will be made within 14 working days of receipt. Failure to provide supporting documentation will delay the assessment of your application.

**For further information and assistance please contact us via email at** [**info@pharmacistsupport.org**](mailto:info@pharmacistsupport.org) **or**

**call 0808 168 2233**

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**Application for a grant**

This form will help us to assess your needs and all information given is private and confidential.

**About you and your spouse/partner**

**1. Your details**

|  |  |  |
| --- | --- | --- |
| Surname | First name | Title |
|  |  |  |
| Address | | |
|  | | |
| DOB | Email | |
|  |  | |
| Tel Number | Home | |
| Work | |
| Mobile | |
| Preferred method of contact (delete as appropriate) Email / Mobile / Home phone / Work phone | | |

**Eligibility**

|  |  |  |
| --- | --- | --- |
| Evidence of eligibility  Status (**delete as appropriate**)  Student / Pre-registration trainee / Pharmacist / Retired pharmacist / Partner / Widow/er | | |
| **Pharmacist /former pharmacist** | Registration number | Date of registration |
| **Pharmacist trainee** | Trainee number  (or trainee placement confirmation attached) Y/N | Date of registration |
| **Pharmacy Student** | proof of MPharm student status attached Y/N | |
| **Partner/Widow/er/ dependant child** | Registration number (of pharmacist) | Date of registration |

**Please note this is for data collection/reporting purposes only.**

|  |
| --- |
| **Which area of pharmacy do you work in?** (**if applicable)** click on appropriate box  Community  Hospital  Primary care  Industry  Academia |

**2. Details of your spouse/partner (if applicable)**

|  |  |  |
| --- | --- | --- |
| Surname | First name | Title |
|  |  |  |
| Address (if different from main applicant) | | |
|  | | |
| DOB | Occupation | |
|  |  | |
| Tel Number | Email | |
|  |  | |
| **\*\* signature of spouse/partner required on page 9\*\*** | | |

**3. Children aged under 18 living in the household**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of birth** | **Are they in full time education** | **Are they in work** | **Weekly income**  **if employed** | **Weekly contribution to household** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4.. Adults living in your household (other than spouse or partner)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of birth** | **Relationship to applicant** | **Are they in work** | **Weekly income if employed** | **Weekly contribution to household** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5. Details of housing**

Is your home (click on appropriate box)

Owned no mortgage ***Please give the value of your home £…………..***

Owned with mortgage ***Please give the value of your home £…………***

Rented private landlord

Rented local authority

Rented housing association / trust

Sheltered housing

Care home (please give date of taking up residence) ……………………

Do you own a property in which do you not ordinary live YES NO

**About your finances**

**6. Savings and capital**

Please give details of all savings and/or capital held by you and your partner.

**Please also provide recent statements of savings** (see notes on completing the application for further details).

Any savings you have will be taken into consideration but will be assessed according to your circumstances and needs at the time of the application.

|  |  |
| --- | --- |
| **Type of savings** | **Amount** |
| Current account balance |  |
| Deposit or savings account(s) balance |  |
| National savings/premium bonds |  |
| Shares (market value) |  |
| Investment property value i.e. value of a second home |  |
| Other savings eg PEPs, TESSAs/ISAs (please specify) |  |

**7. Details of income and expenditure**

Please provide details of all monthly income and expenditure for you and your partner. When giving your expenditure, ensure that your have included all of your outgoings and that the figures are a true reflection of your essential expenses. If you have evidence that the levels are going to change do let us know.

**Please use the table in section 8 to detail all payments for debts and outstanding arrears**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Monthly income** | **Amount** | **Monthly expenditure** | **Amount** |
| Net earnings (after tax and NI) |  | Mortgage |  |
| State retirement pension |  | Second mortgage |  |
| Widows/widowers benefits |  | Rent |  |
| Occupational/private/other pensions |  | Service charge/ground rent |  |
| Sick pay |  | Council tax |  |
| Universal credit |  | Gas |  |
| Transitional protection payment |  | Electricity |  |
| Child benefit |  | Water rates/water and sewerage charges |  |
| Council tax support/reduction |  | Telephone and mobile phone |  |
| Housing benefit |  | TV/Satellite/Cable |  |
| Income support |  | Care home fees |  |
| Jobseeker’s allowance (JSA) |  | Buildings insurance |  |
| Mortgage interest payments from income support or JSA |  | Contents insurance |  |
| Pension credit |  | Life insurance |  |
| Employment and support allowance (ESA) |  | Other insurance |  |
| Incapacity benefit |  | Housekeeping **(insert total from page 6)** |  |
| Severe disablement allowance |  | Travel costs (buses, trains, taxis etc) |  |
| Carer’s allowance |  | Car costs **(insert total from page 6)** |  |
| Attendance allowance |  | Professional fees |  |
| Personal independence payment (PIP) |  | TV licence |  |
| Disability living allowance – mobility |  | Pension contributions |  |
| Disability living allowance – care |  | Hire purchase |  |
| Working tax credit |  | Work costs (meals/tools etc) |  |
| Child tax credit |  | Prescription/health costs (dentist, optician, chiropodist etc) |  |
| Child support payments or maintenance payments |  | Care/childcare costs |  |
| Charitable income |  | Bank overdraft |  |
| Income from savings and investments |  | Other **(insert total from page 7)** |  |
| Property or rental income |  |  |  |
| Any other income  (student finance, other earnings etc) |  |  |  |
| **Total monthly income** |  | **Total monthly expenditure** |  |

**Monthly Household Expenditure**

**Housekeeping**

|  |  |
| --- | --- |
| **Expenditure** | **Monthly Cost** |
| Food and milk | £ |
| Cleaning and toiletries | £ |
| Newspapers and magazines | £ |
| Cigarettes, tobacco & sweets | £ |
| Alcohol | £ |
| Laundry and dry cleaning | £ |
| Clothing and footwear | £ |
| Nappies and baby items | £ |
| Pet food | £ |
| **Total** | **£** |

**Car costs**

|  |  |
| --- | --- |
| **Expenditure** | **Monthly Cost** |
| Car insurance | £ |
| Vehicle tax | £ |
| Fuel (petrol, diesel, oil etc) | £ |
| MOT and car maintenance | £ |
| Breakdown or recovery | £ |
| Parking charges or tolls | £ |
| Other car costs | £ |
| **Total** | **£** |

**Other expenditure**

|  |  |
| --- | --- |
| **Expenditure** | **Monthly Cost** |
| Window cleaning, gardener etc. | £ |
| Hairdressing / haircuts | £ |
| School meals | £ |
| Pocket money and school trips | £ |
| Lotteries | £ |
| Hobbies / leisure /sport (including pub/outings, gym etc) | £ |
| Gifts (Christmas, birthdays, charity etc) | £ |
| Vet bills and pet insurance | £ |
| Postage | £ |
| Other (please specify) | £ |
| **Total** | **£** |

**8. Details of any debts and arrears**

Please provide information here of any debts you have. List the amount of money owed and any repayments you have agreed to make to the creditor and provide supporting documents in relation to details given.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Creditor** | **Amount owed**  **£** | **Monthly repayments agreed**  **£** | **Date of last payment made** |
| Rent or mortgage |  |  |  |  |
| Council tax |  |  |  |  |
| Service charge |  |  |  |  |
| Gas or electricity |  |  |  |  |
| Telephone |  |  |  |  |
| Credit card |  |  |  |  |
| Friends/relatives |  |  |  |  |
| Catalogue or club |  |  |  |  |
| Bank overdraft or loan |  |  |  |  |
| Social fund loan |  |  |  |  |
| Student loan |  |  |  |  |
| Other (please specify) |  |  |  |  |
|  |  |  |  |  |

**9. Applying on behalf of someone else**

If you are applying on behalf of someone else, please give your details:

|  |  |
| --- | --- |
| Full name | |
|  | |
| Address | |
|  | |
| Telephone number | Email |
|  |  |
| Relationship to you | Is this person aware of this application |
|  | YES/NO |

**10. Your bank account details**

If a grant is awarded, it may be credited direct to your bank or building society account.

Please complete the following to enable this to be done.

|  |  |
| --- | --- |
| Account name | Name of bank/building society |
|  |  |
| Sort code | Account number |
|  |  |

**11. Reason for grant application**

Please tell us why you need a grant, providing as much background information as possible. Without this information, the decision on your application could be delayed. You may find it helpful to refer to the examples provided in the Eligibility Criteria and Guidance. This is not an exhaustive list and we aim to be flexible when considering requests. The more information you can provide on your situation, the more helpful it is for us when assessing your application. We appreciate the information is personal and may be sensitive so please be assured that all applications are treated confidentially.

**12. Declaration**

To the best of my knowledge and belief, I/We (\***delete** **as appropriate\*)** declare that the particulars given in the application are true and accurate. I/We **\*** agree to inform Pharmacist Support immediately of any change in circumstances.

**Please note that failure to notify Pharmacist Support of any change in circumstances may result in payments being suspended or withdrawn.**

I/We **\*** consent to Pharmacist Support processing and storing any information given in this application and related supporting documentation in accordance with GDPR and the Data Protection Act 2018. **If you require any further information regarding how we store and use this data please contact us.**

Please tick this box if you consent to Pharmacist Support referring you to Citizens Advice Manchester for

specialist telephone advice. We will pass on your contact details and brief details of the reason for

seeking advice. We will always reconfirm your agreement with you before making the referral.

Please tick this box if you allow us to confer, in confidence, with other charities or organisations to seek

help or make enquiries on your behalf (we will only do this if we consider this to be to your advantage).

**I/We \* have enclosed documentary evidence in support of all items of income, savings and debts.**

Have you supplied:

last three months’ bank statements

confirmation of any benefit/tax credit payments

proof of MPharm student status (if appropriate)

**Please email your form and documents to** [**grants@pharmacistsupport.org**](mailto:grants@pharmacistsupport.org)**. We ensure where possible that a decision on a grant application will be made within 14 working days of receipt.**

|  |  |
| --- | --- |
| Signed by | |
| Applicant | Date |
|  | |
| Spouse/partner | Date |
|  |  |

**13. How you heard about Pharmacist Support**

Please tell us how you heard about Pharmacist Support (tick any relevant options):

**How did you hear about Pharmacist Support?** (type X in appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Advert *(please specify below)* |  | MEP |  | Web search |
|  | Event *(please specify below)* |  | RPS |  | Word of mouth |
|  | PDA |  | University |  | Other *(please specify below)* |
|  | GPhC |  | Social Media *(please specify below)* | | |

Please specify:

**14. Future communications**

**Please tick this box if you wish to receive the Pharmacist Support e-news with news, updates and**

**further support from the Charity**

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**Equal Opportunities Monitoring Form**

**This form will be used separately for the purpose of monitoring and provision of statistical data. All information given will be treated in the strictest confidence.**

**Why we need this information and why we are asking for it**

Pharmacist Support is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the activities and decisions of the organisation.

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our pharmacy family.

The form is optional and you do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of our service, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

If you would like the form in an alternative format, or would like help in completing the form, please contact us using the details provided in the Application Information Pack.

**Please select the boxes that are relevant to you.**

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | **Black/African/Caribbean/ Black British** | **Other ethnic group** |
| Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | Caribbean  African  Any other Black/African/Caribbean background | Arab  Any other ethnic group |
| **Mixed/multiple ethnic groups** | **White** | **Rather not say** |
| White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple ethnic background | English  Northern Irish  Scottish  Welsh  British  Irish  Any other White background | Rather not say |

**Age**

18 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65+

Prefer not to say

**Gender**

Female

Male

Prefer not to say

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation**

Heterosexual

Gay

Lesbian

Bisexual

Prefer not to say

If you prefer to use your own term, please specify her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion / belief**

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Other religion or belief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010. In the Act, a disability is a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities” For these purposes “long term” is taken to mean the condition is likely to last longer than 12 months or likely to recur.

Do you consider yourself to have a disability or health condition?

Yes

No

Prefer not to say

If you selected yes, please indicate your disability:

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

Learning, concentrating, remembering

Mental Health

Respiratory issues

Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)

Other impairment

Prefer not to say